POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA		18.00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	L.I	1106	9/19/01
RESPONSE FORMALITY REVIEW	M.D	625	02-05-02

INDEX OF CLAIMS

✔	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
÷	Restricted	0	Objected

Claim		Date
Final	Original	6/10/01
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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